

DATE: \_\_\_\_\_

## NOTICE OF CLAIM

INTERNAL USE ONLY:

Claim No. \_\_\_\_\_

*Official Use Only*

TO: CITY OF LAS VEGAS  
INSURANCE SERVICES  
400 STEWART AVENUE  
LAS VEGAS, NEVADA 89101

Please take notice that a claim for damages is hereby made against the City of Las Vegas as Follows:

1. Name and address of persons injured or damaged:
  
  
  
  
  
  
  
  
  
  
2. Location where injury or damage occurred:
  
  
  
  
  
  
  
  
  
  
3. Date and time injury or damage occurred:
  
  
  
  
  
  
  
  
  
  
4. Brief statement of facts concerning the incident:
  
  
  
  
  
  
  
  
  
  
5. Character and extent of injury or damages:
  
  
  
  
  
  
  
  
  
  
6. Name and address of treating physician:
  
  
  
  
  
  
  
  
  
  
7. Names and addresses of witnesses present at time of injury or damage:
  
  
  
  
  
  
  
  
  
  
8. Statement of amount claimed:

I hereby certify that the above and foregoing claim against the City of Las Vegas, State of Nevada, is just and reasonable.

\_\_\_\_\_  
CLAIMANT

\_\_\_\_\_  
SOC. SEC.#

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE  
(REV 12/2003)